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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *See none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *See none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 47 ✓	INDEPENDENT CLAIMS 5 ✓
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>See</i> 11/24/04	Verified and Acknowledged Examiner's Signature	Initials		

ADDRESS  
 32588  
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TITLE  
 Automated repetitive array microstructure defect inspection

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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